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ĩ	12/	U2	:)

United States Bankruptcy Court

		HAAODOMIAN
Southern Di	istrict of Texas	PETITION
IN RE (Name of Debtor - If Individual: Last, First, Middle		
Nutrition for Life International, Inc.	•	
SOC, SEC./TAX I.D. NO. (If more than one, state all.) 65-0863582		
STREET ADDRESS OF DEBTOR (No. and street, city, st	late, and zip code) MAILING ADDRESS OF DE	BTOR (If different from sweet address)
9101 Jameel Houston, Texas 77040		
COUNTY OF RESIDENC PRINCIPAL PLACE OF	CE OR BUSINESS U3-33	436-H2-11
Harris County		
100 Jameel, Houston, Texas 77040	EBTOR (If different from previously listed addresses)	
Chapter of Bankruptcy code under which	i petition is filed	
	Chapter I I	
Petitioners believe: Debts are primarily consumer debts Debts are primarily business debts (complete sections	ATION REGARDING DEBTOR (Check applicable TYPE OF DEBTOR Individual Partnership Other;	Corporation Publicly Held Corporation Not Publicly Held
☑ Retail/Wholesale ☒ Manusacturing/ ☒ Constr ☒ Railroad Mining ☒ Real E	nodity Broker ruction Wholesale of Si Sistate	ly describe nature of business
⊠ Stockbroker ⊠ Other	VENUE	
this petition or for a longer part of such 180 days the A bankruptcy case concerning debtor's affiliate, gen PENDING BA	orincipal place of business, or principal assets in the Di an in any other District. neral partner or paranership is pending in this District. NKRUPTCY CASE FILED BY OR AGAINST AR	ny partner
	IIS DEBTOR (Report information for any additional Case Number	Date
Relationship	District	Judge
ALLEGA	TANK TO THE TANK THE	COURT USE ONLY
(Check applied 1. If Petitioner(s) are eligible to file this petition 2. If The debtor is a person against whom an or the United States Code, 3.a. If The debtor is generally not paying such dedebts are the subject of a bona fide dispute; or b. If Within 120 days preceding the filing of the receiver, or agent appointed or authorized to take a property of the debtor for the purpose of enforcing took possession.	cable boxes) n pursuant to 11 U.S.C. § 303(b). rder for relief may be entered under title 11 of ebtor's debts as they become due, unless such is petition, a custodian, other than a trustee, charge of less than substantially all of the	United States Courts Southern District of Texas FILED MAR 0 3 2003 Michael N. Müby, Clerk

If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

(12/02)	· · · · · · · · · · · · · · · · · · ·	_	
United States Bankruptcy Court			INVOLUNTAR
Southern District of Texa		ıs	PETITION
IN RE (Name of Debtor - If Individual: Last, Pirst, Mide	dle)	ALL OTHER NAMES used by (Include married, maiden, and to	
Nutrition for Life International, Inc	3.a	(Meivde muilled, maden, and a	nuc naucs)
SOC, SEC./TAX I.D. NO. (If more than one, state all.)			
STREET ADDRESS OF DEBTOR (No. and street, city,	state, and zip code)	MAILING ADDRESS OF DEB	TOR (If different from street address)
9101 Jameel Houston, Texas 77040			
COUNTY OF RESIDEN PRINCIPAL PLACE OF		 	**************************************
Harris County			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS IN 9101 Jameel, Houston, Texas 77040		from previously listed addresses)	
CHAPTER OF BANKRUPTCY CODE UNDER WHICH	H PETITION IS FILEI	o .	
☑ Chapter 7	Chapter 11		
INFORM Potitioners believe: Debts are primarily consumer debts Debts are primarily business debts (complete section		NG DEBTOR (Check applicable TYPE OF DEBTOR Individual Parmership Other;	boxes) Corporation Publicly Held Corporation Not Publicly Held
A. TYPE OF BUSINESS (Check one) Professional Transportation Commodity Broker Retail/Wholesale Manufacturing/ Construction Railroad Mining Real Estate Stockbroker Other		B. BRIEFL Network Marke Health Care Pro	y describe nature of business ting of Skin and Nutritional ducts
		VENUE	
this petition or for a longer part of such 180 days t	han in any other Distri	ct.	trict for 180 days immediately preceding the date of
A bankruptcy case concerning debtor's affiliate, go		ership is pending in this District. FILED BY OR AGAINST AN	PARTNER
OR AFFILIATE OF T	HIS DEBTOR (Repor	t information for any additional co	ises on attached sheets.)
Name of Debtor	Case Number		Date
Relationship	District		Judge
ALLEGA			COURT USE ONLY
(Check applicable boxes) 1. Petitioner(s) are eligible to file this petition pursuant to 11 U.3 2. The debtor is a person against whom an order for relief may be the United States Code. 3.a. The debtor is generally not paying such debtor's debts as they debts are the subject of a bona fide dispute; or		be entered under title 11 of y become due, unless such	
b. Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.			

If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.

ame of Debtor Nutrition for Life International, Form 5 (12/02) TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a). REQUEST FOR RELIEF Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. unly hy WM 031 Signature of Petitioner or Representative (State title) Vitarich Laboratories, Inc. Gerrit M. Pronske, Thompson, Coe, Cousins & Irons, L.L.P. Name of Petitioner Name of Attorney Firm (If any) Date Signed 200 Crescent Court, 11th Floor, By: Kevin Thomas Name & Mailing Dallas, Texas 75201 4365 Arnold Ave Naples, FL 34104 239-430-2266 Address of Individual Signing in Representative (214) 871-8200 - Telephone; (214) 871-8209 - Telecopier Capacity President Telephone No. Signature of Petitioner or Representative (State title) Signature of Attorney Name of Petitioner Date Signed Name of Attorney Firm (If any) Name & Mailing Address of Individual Address Signing in Representative Capacity Telephone No. Signature of Petitioner or Representative (State title) Signature of Attorney Date Name of Petitioner Date Signed Name of Attorney Firm (If any) Name & Mailing Address of Individual Address Signing in Representative Capacity Telephone No. PETITIONING CREDITORS Name and Address of Petitioner Nature of Claim Amount of Claim Vitarich Laboratories, Inc. **Business Debt** \$1,405,389.12 Name and Address of Petitioner Nature of Claim Amount of Claim

Name and Address of Petitioner Nature of Claim Amount of Claim

If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above,

Total Amount of Petitioners' Claims

Form 5	Name of Deblor Nu	itrition for Life International, Inc.	
(12/02)	Case Ivo.	(court use only)	
Check this box if there has been a transfer of any claim against t and any statements that are required under Bankruptcy Rule 100	3(a).	oments evidencing the transfer	
REQUE	ST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the deb	ntor under the chapter of title 11, United States C	ode, specified in this petition.	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.	Short M. On walken le.	M mystar	
Signature of Petitioner of Representative (State little)	Signature of Attorney	03/09/05	
GAR Laboratories, Inc.	Gerrit M. Fronske, Thompson, Coc. C	ousing & Irons, L.L.P.	
Nume of Petitioner	Name of Attorney Firm (If any)		
By: Tom Ruffee Date Signed Name & Mailing GAR Laboratories, line.	200 Crescent Court, 11th Floor, Dallas, Texas 75201		
1844 Massachusetts Ave Riverside, CA 92507 909-788-0700	Salina Laura Cara		
Address of Individual Signing in Representative Capacity	Address (214) 871-8200 – Telephone; (214) 871	-8209 – Telec opier	
	Telephone No.		
· ·	v		
Signature of Petitioner or Representative (State title)	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Pirm (If any)		
Name & Mailing Address of Individual	Address		
Signing in Representative	\ Aodiess	•	
Capacity			
	Telephane No.		
X	x		
Signature of Petitioner or Representative (State title)	Signature of Attorney	Date	
Name of Politioner Date Signed	Name of Attorney Firm (If sny)		
Name & Meiling Address of Individual	Address		
Signing in Representative	, Address		
Capacity	Telephone No.		
PETITIO	NING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
GAR Laboratories, Inc.	Business Debt	\$79,194.04	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Note: If there are more than three positioners, attach additional sh	seas with the statutours under complex of	Total Amount of	
perjury, each petitioner's signature under the statement and information in the format above.	perjury, each politioner's signature under the statement and the name of attorney and pelitioning creditor Petitioners' Chains		
	continuotion sheets attached		

Form 5	Cose No.	
(12/02)		(court use only)
Check this box if there has been a transfer of any claim against the and any statements that are required under Bankruptey Rule 1003	(a).	ruments evidencing the transfer
KEQUE	ST FOR RELIEF	
Peritioner(s) request that an order for relief be entered against the debt	or under the chapter of title 11, United States C	Code, specified in this petition.
Petitioner(s) declare under penalty of perjury that the foregoing is one and correct according to the best of their knowledge, information, and belief. X OWNER Signature of Petitioner or Representative (State title)		un 111 03/03/03
KAAS Publishing	Gerrit M. Pronske, Thompson, Coe, C	Couring & Irons, L.L.P.
Name of Petitioner	Name of Attorney Firm (If any)	
By: Keith Schreiter Date Signed Name & Mailing	200 Crescent Court, 11th Floor,	
917 Oak Grove Dr	Dallas, Texas 75201	
Haustan, TX 77058 281-280-9800		
281-486-0349 - Address of Individual	Address	
Signing in Representative	(214) 871-6200 - Telephone; (214) 871	-8209 – Telecopier
Capocity		
	Telephone No	
X Signature of Petitloner or Representative (State title)	Signature of Altorney	Date
Signature of Letthodel of Redictentotike (Sinte IIIIe)	Signature of Altorney	Dale
Name of Politioner Date Signed Name & Mailing	Name of Akomey Firm (If any)	
Address of Individual	Address	
Signing in Representative Capacity		
	Telephone No.	
x	! x	
Signature of Pelitioner or Representative (State tide)	Signature of Attorney	Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing		
Address of Individual	Address	
Signing in Representative Capacity		
	Telephone No.	
Name and Address of Petitioner	NING CREDITORS Nature of Claim	Amount of Cluim
		# 27,000 ce
KAAS Publishing Name and Address of Petitioner	Business Debt Nature of Claim	Amount of Claim
The state of the s		
Name and Address of Petitioner	Nature of Claim	S27,679.90 Attrount of Claim
	F-MOTO OF CIMINE	- my min or Class
Note: If there are more than three petitioners, attach additional shi		Total Amount of
perjury, each politioner's signature under the statement and information in the format above.	the name of attorney and peritioning creditor	Potitioners' Claims
continuation in the fortilat move.		

Case 03-33436 Document 1 Filed in TXSB on 03/03/03 Page 6 of 12

	SFER OF CLAIM		
Check this box if there has been a transfer of any claim against t and any statements that are required under Bankruptcy Rule 100	he debtor by or to any petitioner. Attach all doc 13(u).	uments evidencing the transfer	
REQUI	est for relief		
Petitioner(s) request that an order for relief be entered against the del	otor under the chapter of title 11, United States C	Code, specified in this petition.	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. X Mutchem Signature of Petitioner or Representative (State title) Jana Mitcham Name of Petitioner By: Jana Mitcham 10618 Great Plaine Ln Houston, TH77064 +231-897-2060 Address of Individual Signing in Representative Capacity X Signature of Petitioner or Representative (State title)	Signature of Attorney Gerrit M. Pronska, Thompson, Coe. C Name of Attorney Pitm (If any) 200 Crescont Court, 11th Floor, Dalias, Texas 75201 Address	X Low Lowely My W 03/07/03 Signature of Attorney Date Gerfit M. Pronske, Thampson, Coe, Cousins & Irons, L.L.P. Name of Attorney Firm (If any) 200 Crescent Court, 11th Floor, Dalfas, Texas 75201 Address (214) 871-8200 - Telephone; (214) 871-8209 - Telecopier Telephone No.	
Nume of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual Signing in Representative Capacity	Address		
	Telephone No.		
Signature of Petitioner or Representative (State title)	Signature of Attorney	Signature of Attorney Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Muiling Address of Individual Signing in Representative Capacity	Address		
Dynamiv	Telephone No. DNING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Jane Mitcham	Payroth	5-19-230	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Jana Mitcham	Retirement Fund	88,000	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. Total Amount of Petitioners' Claims			

_ continuation sheets attached

TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer			
and any statements that are required under Bankruptcy Rule 10	D3(a). EST FOR RELIEF		
REQU	est for release		
Petitioner(s) request that an order for relief be entered against the de	bior under the chapter of title 11, United States (Code, specified in this petition.	
Petitioner(s) declare under penalty of perjury that the foregoing is triand correct according to the best of their knowledge, information, and belief. X. Many Mutcham Signature of Petitioner or Representative (State title) Jana Mitcham Name of Petitioner By: Jana Mitcham Date Signed 18518-Great Plaine Ln Houston, 17877664 +281-897-9060 Address of Individual Signing in Representative Capacity 632-515-1950	Signature of Attorney Gerrit M. Pronsko, Thampson, Coe, C Name of Attorney Firm (If any) 200 Crescent Court, 11 th Floor, Dallas, Texas 75201 Address	Gerrit M. Pronske, Thampson, Coe, Cousins & Irons, L.L.P. Name of Allomey Firm (If any) 200 Crescent Court, 11 th Floor, Dallas, Texas 75201 Address (214) 871-8200 - Telephone; (214) 871-8209 - Telecopier	
X Signature of Petitioner or Representative (State title)	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	,	
Name & Mailing Address of Individual Signing in Representative Copacity	Address		
Collective	Telephone No.		
Signature of Petitioner or Representative (State title)	Signature of Atlorney	Date	
Name of Petitioner Date Signed Name & Muiling	Name of Attorney Firm (If any)		
Address of Individual Signing in Representative Capacity	Address		
Telephone No.			
Name and Address of Petitioner	NING CREDITORS Nature of Claim	Amount of Claim	
Jana Mitchau	Payroll	s 19,230	
Name and Address of Pctitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Cluim	Amount of Chim	
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each politioner's signature under the statement and the name of attorney and peditioning creditor information in the format above.			

continuation sinces attached

W. 4		ition for Life International, Inc.
Form 5 (12/02)	Case No	(court use only)
TRANSFER Check this box if there has been a trunsfer of any claim against the de and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST!	for relief	
Petitioner(s) request that an order for relief be entered against the debtor u	nder the chapter of title 11, United States Co	de, specified in this petition.
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. X A L L C Signature of Petitioner or Representative (State title)	Signature of Attorney	My W 03/02/03
New Paradigm Publishing	Gerrit M. Prouske, Thompson, Coc, Co	usins & Irons, L.L.P.
Nume of Petitioner	Name of Attorney Firm (If any)	
By: J. Mark Bertrand Date Signed Name & Mailing 9714 Raymont Cr Houston, TX 77065 281-787-8331	200 Crescent Court, 11th Floor, Dallas, Texas 75201	
Address of Individual	Address	
Signing in Representative Capacity	(214) 871-8200 - Telephone; (214) 871-	8209 – Telecopier
	Telephone No.	
X Signature of Petitioner or Representative (State fitte)	Signature of Attorney	Date
Name of Pelitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing Address of Individual Signing in Representative Capacity	Address	
Vaparity	Telephone No.	
X	X	
Signature of Petitioner or Representative (State title)	Signature of Attorney	Dыте
Name of Petitioner Date Signed	Name of Attorney Firm (If any)	
Name & Mailing Address of Individual Signing in Representative	Address	
Capacity	Telephone No.	
	NG CREDITORS	
	ature of Claim	Amount of Claim
<u> </u>	axiness Debt ature of Claim	\$35,000.00 Amount of Claim
LABOR SING MORIESS Of Lettioner	ature or Cialifi	Amount of Civill
Name and Address of Petitioner Na	ature of Cluim	Amount of Claim
Note: If there are more than three petitioners, attach additional sheet perjury, each petitioner's signature under the statement and the information in the format above.	s with the statement under penalty of e name of attorney and petitioning creditor	Total Amount of Petitioners' Claims

_ continuation sheets altached

Check this box if there has been a transfer of any claim against the and any statements that are required under Bankruptcy Rule 100	
	st for relief
Petitioner(s) request that un order for relief be entered against the deb	tor under the chapter of title 11, United States Code, specified in this petition.
Peritioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. Signature of Petitioner or Representative (State little) Thomas A. Mitcham Date Signed 16618 Great Plains Lh / 3719 Jan's Al Houston, TX77064 Cypress, TX 77429 +281-897-9060 862-575-1950 Address of Individual Signing in Representative Capacity	Signature of Attorney Date Gerrit M. Pronske, Thompson, Coe, Cousing & Irons, L.L.P. Name of Attorney Firm (If any) 200 Crescent Court, 11th Floor, Dallas, Texas 75201 Address (214) 871-8200 - Telephone; (214) 871-8209 - Telecopier
	Telephone No.
x	x
Signature of Petitioner or Representative (State title)	Signulure of Attorney Date
Name of Petitioner Date Signed	Name of Attorney Firm (If any)
Name & Mailing Address of Individual Signing in Representative Capacity	Address
	Telephone No.
X Comments	Signature of Attorney Date
Signature of Petitioner or Representative (State title)	Signature of Attorney Date
Name of Petitioner Date Signed	Name of Astorney Firm (If any)
Name & Mailing Address of Individual Signing In Representative Capacity	Address
PWTITIO	Telephone No. NING CREDITORS
Name and Address of Petitioner	Nature of Claim Amount of Claim
Thomas A. Mitchen	Retirement Incartings 125000
Name and Address of Pentioner	Nature of Claim Amount of Claim
Name and Address of Petitioner	Nature of Claim Amount of Claim
Note: If there are more than three petitioners, attach additional sh perjury, each petitioner's signature under the statement and information in the format above.	eets with the statement under penalty of Total Amount of the name of attorney and petitioning creditor Petitioners' Claims

___ continuation sheets attached

TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).			
REQUE	ST FOR HELIEF		
Petitioner(s) request that an order for relief be entered against the deb	tor under the chapter of title 11, United States C	ode, specified in this petition.	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and helief. Signature of Petitioner of Representative (State title) David Bertrand Name of Petitioner By: David Bertrand 10622 Great Plains Ln Houston, TX77064 +832-721-0325 Address of Individual Signing in Representative Capacity	Signature of Attorney Gerrit M. Pronske, Thompson, Coe, Coe Name of Attorney Firm (If any) 200 Crescent Court, 11th Floor, Dallay, Texas 75201 Address (214) 871-8200 - Telephone; (214) 871- Telephone No.	Date' ousins & Irons, L.L.P.	
19. 点 19. 练 19. 目 4. 自 19. 自 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
X Signature of Petitioner or Representative (State title)	Signature of Attorney	Date	
Name of Petitioner Date Signed	Name of Attorney Firm (If any)		
Name & Mailing Address of Individual Signing in Representative Capacity	Address		
	Telephone No.		
X Signature of Petitioner or Representative (State title)	Signature of Attorney	Date	
Name of Petitioner Date Signed Name & Mailing Address of Individual Signing in Representative Capacity	Name of Attorney Pirm (If any) Address	,	
	Telephone No.		
Name and Address of Petitioner	NING CREDITORS Nature of Claim	Amount of Cleim	
Mane and Address of Lennouck	Payroll	\$ 24,000.00	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Name and Address of Petitioner	Nature of Claim	Amount of Claim	
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. Total Amount of Petitioners' Claims			

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TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer				
and any statements that are required under Bankruptey Rule 100	03(a). EST FOR RELIEF			
Petitioner(s) request that an order for relief be entered against the del	btor under the chapter of title 11, United States (Inde, specified in this pedition.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.	d			
& Varie ? Bulme	× Dust h. (hundy for	n 1M2 02/03/13		
Signature of Petitioner or Representative (State title)	Signature of Attorney	7 Date		
David Bertrand 2/17/03	Gerrit M. Pronske, Thompson, Coe, C	onsine & Irane I.I.P		
Name of Petitioner	Name of Attorney Firm (If any)	OURING ED RECIENCE		
By; David Bertrand Date Signed 10622 Great Plains Ln	200 Crescent Court, 11th Floor,			
Houston, TX77064	Dallas, Texas 75201			
+832-721-0325				
Address of Individual	Address	P200 T-1		
Signing in Representative Capacity	(214) 871-8200 — Telephone; (214) 871	-0409 — I Biecopier		
	Telephone No.	,		
X Signature of Petitioner or Representative (State title)	Signature of Attorney	Date		
Signature of Petitional of Representative (State title)	Signature of Attorney	Data		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
	Traine of Attorney & MAKE CALLY			
Name & Meiling Address of Individual	Address			
Signing in Representative	Address			
Capacity	Telephone No.			
	1 Ciophono 140.			
X Signature of Petitioner or Representative (State title)	Signature of Attorney			
Signature of Letthoner of Kebiesedianie (State title)	Signature of Attorney	Date		
Name of Petitioner Date Signed	Name of Attorney Firm (If any)			
	Name of Adomey Firm (it any)			
Name & Mailing Address of Individual				
Signing in Representative	Address			
Capacity				
מידודיים	Telephone No. PETITIONING CREDITORS			
Name and Address of Petitioner	Nature of Claim	Amount of Claim		
Nume and Address of Petitioner	American Express (co-signature) Nature of Claim	S Amount of Claim		
Linding with Madions of Latifolial	Tramie of Challe	Amount of Claim		
Name and Address of Petitioner	Name of Clair	A		
Mane min Muness of Lennonet	Nature of Claim	Amount of Claim		
Note: If there are more than three petitioners, attach additional si	resta with the stellar and the design of	Material Assessment of		
perjury, each peditioner's signature under the statement and		Total Amount of Petitioners' Claims		
information in the format above.	, , , , , , , , , , , , , , , , , , , ,			

continuation sheets attached

Check this box if there has been a transfer of any clair and any statements that are required under Bankrupte;	n against the d	R OF CLAIM lebior by or to any petilioner. Attach all do).	cuments evidencing the transfer
		FOR RELIEF	
Petitioner(s) request that an order for relief be entered again	nsi the debtor	under the chapter of title 11, United States	Code, specified in this petition.
Petitioner(s) declare under penalty of perjury that the foregand correct according to the best of their knowledge, information belief Signature of Petitioner or Representative (State title) David Bertrand Name of Petitioner By: David Bertrand 10622 Great Plains Ln Houston, TX77064 +832-721-0325 Address of Individual Signing in Representative Capacity	mation, and	Signature of Attorney Gerrit M. Pronske, Thompson, Coa, C Name of Attorney Pinn (If any) 200 Crescent Court, 11th Floor, Dallas, Texas 75201 Address (214) 871-8200 — Telephone; (214) 87 Telephone No.	Cousins & Ironx, L.L.P.
X Signature of Pelitioner or Representative (State title)		Signature of Attorney	Date
	Signed	Name of Attorney Firm (If any)	
Name & Mailing Address of Individual Signing in Representative Capacity		Address Telephone No.	
		Telephone 140.	
X Signsture of Petitioner or Representative (State title)		Signature of Attorney	Date
Name of Petitioner Date S	Signed	Name of Attorney Firm (If any)	
Name & Mailing Address of Individual Signing in Representative Capacity		Address	
	DETICIONIN	Telephone No.	
Name and Address of Petitioner		ACCREDITORS	Amount of Claim
		tirement account	\$ 100,000.00
Name and Address of Pelitioner		nure of Claim	Amount of Claim
Name and Address of Petitioner	Na	uture of Claim	Amount of Claim
Note: If there are more than three petitioners, attach ad perjury, each petitioner's signature under the state information in the format above.			Total Amount of Petitioners' Claims

____ continuation sheets attached